

(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) <b>Erie Indemnity Company PAC - Federal</b>		COMMISSION MAIL ROOM	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>100 Erie Insurance Place</b>		2. FEC IDENTIFICATION NUMBER <b>2000-00153577</b>	
CITY, STATE and ZIP CODE <b>Erie, PA 16530</b>		3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1M)	

FEC FORM 3X

[illegible]

**DETAILED SUMMARY PAGE  
of Receipts and Disbursements  
Page 2, FEC FORM 3X**

NAME OF COMMITTEE <b>Erle Indemnity Company PAC - Federal</b>		REPORT COVERING PERIOD FROM 01-01-00 TO: 03-15-00	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A) .....	\$230.80	\$230.80	11ai
ii. Unitemized .....	\$837.90	\$837.90	11aii
iii. Total .....	\$1,068.70	\$1,068.70	11aiii
b. Political Party Committees .....	0	0	11(b)
c. Other Political Committees (such as PACs) .....	0	0	11(c)
d. Total Contributions .....	\$1,068.70	\$1,068.70	11(d)
12. Transfers From Affiliated/Other Party Committees .....	0	0	12
13. All Loans Received .....	0	0	13
14. Loan Repayments Received .....	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) ..	0	0	15
16. Refunds of Contributions Made .....	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0	0	17
18. Transfers from Nonfederal Account for Joint Activity .....	0	0	18
19. Total Receipts .....	\$1,068.70	\$1,068.70	19
20. Total Federal Receipts .....	\$1,068.70	\$1,068.70	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share .....	0	0	21ai
ii. Non-Federal Share .....	0	0	21aii
b. Other Federal Operating Expenditures .....	0	0	21(b)
c. Total Operating Expenditures .....	0	0	21(c)
22. Transfers to Affiliated/Other Party Committees .....	0	0	22
23. Contributions to Federal Candidates and Political Committees ..	0	0	23
24. Independent Expenditures (use Schedule E) .....	0	0	24
25. Coordinated Expenditures by Party Committees (Schedule F) ..	0	0	25
26. Loan Repayments Made .....	0	0	26
27. Loans Made .....	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees .....	0	0	28a
b. Political Party Committees .....	0	0	28b
c. Other Political Committees (such as PACs) .....	0	0	28c
d. Total Contribution Refunds .....	0	0	28d
29. Other Disbursements .....	0	0	29
30. Total Disbursements .....	0	0	30
31. Total Federal Disbursements .....	0	0	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d) .....	\$1,068.70	\$1,068.70	32
33. Total Contribution Refunds (from line 28d) .....	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32) ..	\$1,068.70	\$1,068.70	34
35. Total Federal Operating Expenditures .....	0	0	35
36. Offsets to Operating Expenditures (from line 15) .....	0	0	36
37. Net Operating Expenditures .....	0	0	37

## SCHEDULE A

## ITEMIZED RECEIPTS

PAGE 1 OF 1

## Contributions from Individuals/Persons

FOR LINE NUMBER  
11(a)(i)

Information copied from these Reports may not be sold or used for soliciting contributions or commercial purposes, other than using the name and address of a political committee to solicit contributions from it.

NAME OF COMMITTEE (in Full)

Erie Indemnity Company PAC - Federal

C00153577

<b>A. Full Name, Mailing Address and ZIP Code</b> John J. Brinling Jr. 5691 Culpepper Drive Erie, PA 16506	<b>Name of Employer</b> Erie Insurance Group	<b>Date</b> 01-17-00 02-29-00	<b>Amount this pd.</b> \$116.40 \$116.40
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> Executive Vice Pres.	<b>Year-to-Date &gt;</b> \$230.80	
<b>B. Full Name, Mailing Address and ZIP Code</b>  <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd.</b>
	<b>Occupation</b>	<b>Year-to-Date &gt;</b>	
<b>C. Full Name, Mailing Address and ZIP Code</b>  <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd.</b>
	<b>Occupation</b>	<b>Year-to-Date &gt;</b>	
<b>D. Full Name, Mailing Address and ZIP Code</b>  <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd.</b>
	<b>Occupation</b>	<b>Year-to-Date &gt;</b>	
<b>E. Full Name, Mailing Address and ZIP Code</b>  <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd.</b>
	<b>Occupation</b>	<b>Year-to-Date &gt;</b>	
<b>F. Full Name, Mailing Address and ZIP Code</b>  <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd.</b>
	<b>Occupation</b>	<b>Year-to-Date &gt;</b>	
<b>G. Full Name, Mailing Address and ZIP Code</b>  <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b>	<b>Date</b>	<b>Amount this pd.</b>
	<b>Occupation</b>	<b>Year-to-Date &gt;</b>	
<b>SUBTOTAL of Receipts This Page (optional)</b> >			<b>\$230.80</b>
<b>TOTAL This Period (last page this line number only)</b> >			<b>\$230.80</b>

## SCHEDULE A

## ITEMIZED RECEIPTS

PAGE 1 OF 3

## Unitemized Contributions from Individuals/Persons

FOR LINE NUMBER  
11(a)(ii)

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NAME OF COMMITTEE (in Full)

Erie Indemnity Company PAC - Federal

C00163577

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Jonathan G. Alfred</b> <b>900 Summers Street</b> <b>Parkersburg, WV 26101</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$10.48</b> <b>\$10.48</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Investigator</b>	<b>Year-to-Date &gt;</b>	<b>\$20.96</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Jay H. Beck</b> <b>362 Federal Circle</b> <b>Delaware, OH 43015</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$11.10</b> <b>\$11.10</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>District Sales Mgr.</b>	<b>Year-to-Date &gt;</b>	<b>\$22.20</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Kevin L. Bond</b> <b>910 Yellow Lake Drive</b> <b>Fort Wayne, IN 46804</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$11.62</b> <b>\$11.62</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Supervisor</b>	<b>Year-to-Date &gt;</b>	<b>\$23.64</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Jeffrey W. Brinling</b> <b>13190 Fern Avenue, N.W.</b> <b>Hartville, OH 44632</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$14.55</b> <b>\$15.28</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Branch Sales Manager</b>	<b>Year-to-Date &gt;</b>	<b>\$30.13</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Susan Burgess-Demarco</b> <b>1843 Dorset Drive</b> <b>Roanoke, VA 24018</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$12.10</b> <b>\$11.54</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Supervisor</b>	<b>Year-to-Date &gt;</b>	<b>\$23.64</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Joseph W. Deno</b> <b>3098 Penrose Place</b> <b>Cincinnati, OH 45211</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$8.48</b> <b>\$8.48</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Claims Administration</b>	<b>Year-to-Date &gt;</b>	<b>\$16.96</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Douglas N. Fitzgerald</b> <b>2311 Wedgewood Way</b> <b>York, PA 17404</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$63.62</b> <b>\$63.62</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Regional Vice Pres.</b>	<b>Year-to-Date &gt;</b>	<b>\$127.24</b>
<b>SUBTOTAL of Receipts This Page (optional)</b> ..... >			<b>\$264.77</b>
<b>TOTAL This Period (last page this line number only)</b> ..... >			<b>-----</b>

## SCHEDULE A

## ITEMIZED RECEIPTS

PAGE 2 OF 3

## Unitemized Contributions from Individuals/Persons

FOR LINE NUMBER  
11(a)(II)

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

C00163677

A. Full Name, Mailing Address and ZIP Code David C. Froelich 8019 Glendevan Street, N.W. Massillon, OH 44646	Name of Employer Erie Insurance Group	Date 01-17-00 02-29-00	Amount this pd. \$9.20 \$9.20
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation AVP & Claims Manager		
	Year-to-Date >	\$16.40	
B. Full Name, Mailing Address and ZIP Code Terry L. Hamman 3020 Atoll Drive Lewis Center, OH 43036	Name of Employer Erie Insurance Group	Date 01-17-00 02-29-00	Amount this pd. \$51.18 \$51.18
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Vice Pres.		
	Year-to-Date >	\$102.36	
C. Full Name, Mailing Address and ZIP Code Larry J. Hasbrouck 8330 Ironclad Drive Mechanicsville, VA 23111	Name of Employer Erie Insurance Group	Date 01-17-00 02-29-00	Amount this pd. \$13.64 \$13.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor		
	Year-to-Date >	\$27.68	
D. Full Name, Mailing Address and ZIP Code Edman E. Jewelllyn Jr. Route 2, Box 474 Ridgeley, WV 26763	Name of Employer Erie Insurance Group	Date 01-17-00 02-29-00	Amount this pd. \$12.64 \$12.64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Claims Administration		
	Year-to-Date >	\$25.28	
E. Full Name, Mailing Address and ZIP Code John Machmer 4873 East Main Street, #36 Whitehall, OH 43213	Name of Employer Erie Insurance Group	Date 01-17-00 02-29-00	Amount this pd. \$19.56 \$19.56
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor		
	Year-to-Date >	\$38.12	
F. Full Name, Mailing Address and ZIP Code Robert F. Morgan Jr. 1672 Buckshot Court Worthington, OH 43085	Name of Employer Erie Insurance Group	Date 01-17-00 02-29-00	Amount this pd. \$20.00 \$21.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Claims Manager		
	Year-to-Date >	\$41.60	
G. Full Name, Mailing Address and ZIP Code Jerold V. Murphy 1215-20 Street Vienna, WV 26105	Name of Employer Erie Insurance Group	Date 01-17-00 02-29-00	Amount this pd. \$41.60 \$41.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Branch Manager		
	Year-to-Date >	\$83.60	
SUBTOTAL of Receipts This Page (optional) >		\$337.94	
TOTAL This Period (last page this line number only) >		-----	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

PAGE **3** OF **3**

**Unitized Contributions from Individuals/Persons**

FOR LINE NUMBER  
**11(a)(ii)**

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NAME OF COMMITTEE (in Full)

**Erie Indemnity Company PAC - Federal**

**C00153577**

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Stacey E. Nicholson</b> <b>1175 Bay Ridge Road</b> <b>Annapolis, MD 21403</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$29.36</b> <b>\$29.36</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Branch Sales Manager</b>	<b>Year-to-Date &gt;</b>	<b>\$58.72</b>
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Lee E. Oakes</b> <b>7030 Birchbark Lane</b> <b>Mechanicville, VA 23116</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$12.56</b> <b>\$12.56</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Mat Dam &amp; Salv Spec</b>	<b>Year-to-Date &gt;</b>	<b>\$25.12</b>
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Gerard J. Quinn</b> <b>7 Whittier Heights</b> <b>Hagerstown, MD 21742</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$11.38</b> <b>\$11.38</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Supervisor</b>	<b>Year-to-Date &gt;</b>	<b>\$22.76</b>
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Nell S. Smith</b> <b>3530 Gap Mountain Road</b> <b>37745, TN 37745</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$12.17</b> <b>\$11.94</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>District Sales Mgr.</b>	<b>Year-to-Date &gt;</b>	<b>\$24.11</b>
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Randall L. Snow</b> <b>6945 Brahma Road, S.W.</b> <b>Roanoke, VA 24018</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$9.08</b> <b>\$9.08</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Litigation Spec.</b>	<b>Year-to-Date &gt;</b>	<b>\$15.16</b>
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Wayne A. Willette</b> <b>168 Prospect Hill Road</b> <b>Horseheads, NY 14845</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$12.14</b> <b>\$12.14</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Claims Manager</b>	<b>Year-to-Date &gt;</b>	<b>\$24.28</b>
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Eric D. Roof</b> <b>62 Belleclair Drive</b> <b>Rochester, NY 14617</b>	<b>Name of Employer</b> <b>Erie Insurance Group</b>	<b>Date</b> <b>01-17-00</b> <b>02-29-00</b>	<b>Amount this pd.</b>  <b>\$31.02</b> <b>\$31.02</b>
<b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Occupation</b> <b>Branch Manager</b>	<b>Year-to-Date &gt;</b>	<b>\$62.04</b>
<b>SUBTOTAL of Receipts This Page (optional) &gt;</b>			<b>\$235.19</b>
<b>TOTAL This Period (last page this line number only) &gt;</b>			<b>\$637.90</b>

**METHOD OF ALLOCATION FOR SHARED FEDERAL  
AND NON-FEDERAL ADMINISTRATIVE EXPENSES  
AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE

Erie Indemnity Company PAC - Federal

## NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right)

☐ PRESIDENTIAL YEAR (65%)☐ ALL OTHER YEARS (80%)

## HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ MINIMUM FEDERAL PERCENTAGE (65%) (If checked, enter 65% in box to right) . . .

OR

☐ FUNDS EXPENDED:

o ESTIMATED DIRECT CANDIDATE SUPPORT -- FEDERAL . . . . .

o ESTIMATED DIRECT CANDIDATE SUPPORT -- NON-FEDERAL

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT -- FEDERAL . . . . .

ACTUAL DIRECT CANDIDATE SUPPORT -- NON-FEDERAL

NOTE: Funds expended must be used if the Federal Proportion is greater than 65% in any year.

## SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

o ESTIMATED DIRECT CANDIDATE SUPPORT -- FEDERAL . . . . .

o ESTIMATED DIRECT CANDIDATE SUPPORT -- NON-FEDERAL

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT -- FEDERAL . . . . .

ACTUAL DIRECT CANDIDATE SUPPORT -- NON-FEDERAL

## STATE AND LOCAL PARTY COMMITTEES

## BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

1. PRESIDENT . . . . . ☐ (1 POINT) . . . . .2. U.S. SENATE . . . . . ☐ (1 POINT) . . . . .3. U.S. CONGRESS . . . . . ☐ (1 POINT) . . . . .

4. SUBTOTAL -- FEDERAL (ADD 1, 2, AND 3) . . . . .

5. GOVERNOR . . . . . ☐ (1 POINT) . . . . .6. OTHER STATEWIDE OFFICE(S) . . . . . ☐ (1 OR 2 POINTS) . . . . .7. STATE SENATE . . . . . ☐ (1 POINT) . . . . .8. STATE REPRESENTATIVE . . . . . ☐ (1 POINT) . . . . .9. LOCAL CANDIDATES . . . . . ☐ (1 OR 2 POINTS) . . . . .10. EXTRA NON-FEDERAL POINT . . . . . ☐ (1 POINT) . . . . .

11. SUBTOTAL -- NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) . . . . .

12. TOTAL POINTS (LINE 4 PLUS LINE 11) . . . . .

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 . . . . .

NUMBER OF  
POINTS

NAME OF COMMITTEE			Total Amount Transferred	
NAME OF ACCOUNT		DATE OF RECEIPT		
		BREAKDOWN OF TRANSFER RECEIVED		
		Admin/Voter Drive Amount	Direct Fund-raising Amount	Exempt Activity/Direct Candidate Support
i) Total Administrative/Voter Drive . . . . .				
ii) Direct Fundraising (List Events-Amount)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct . .				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support . .				
NAME OF ACCOUNT		DATE OF RECEIPT		
		BREAKDOWN OF TRANSFER RECEIVED		
		Admin/Voter Drive Amount	Direct Fund-raising Amount	Exempt Activity/Direct Candidate Support
i) Total Administrative/Voter Drive . . . . .				
ii) Direct Fundraising (List Events-Amount)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct . .				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support . .				
		Totals for Breakdown of Transfer Received		
		Admin/Voter Drive Amount	Direct Fund-raising Amount	Exempt Activity/DCS
SUBTOTAL THIS PAGE . . . . .		- 0 -	- 0 -	- 0 -
TOTAL THIS PERIOD . . . . .		- 0 -	- 0 -	- 0 -



## Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 3/16/08
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
J.A.Q. PREPARER	3/20/08 DATE PREPARED